

## **Farmers' Market Stallholder – Enquiry Form**

Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tele No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Products: \_\_\_\_\_

\_\_\_\_\_

Public Liability Insurance: Yes  No

Hygiene Certificate: Yes  No

Preferred market choice(s):

Otley  Harrogate  Knaresborough

Date form completed: \_\_\_\_\_

Please email your completed form to:  
[farmersmarket@otleytownpartnership.org](mailto:farmersmarket@otleytownpartnership.org)